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Calendar of events

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APRIL 2007

- 25

A Miracle Happened There: The West and central African smallpox eradication programme and its impact
Lecture by Dr Joel G Breman, Senior Scientific Advisor, Fogarty International Center, National Institutes of Health, USA), Wellcome Collection, 183 Euston Road, London NW1 2BE
www.ucl.ac.uk/histmed/events/smallpox.html

Peter Ritchie Calder and the Public Culture of 20th-century Science
Seminar, LSE
Contact: Jane Gregory (E.jane.gregory@ucl.ac.uk)

MAY 2007

- 2

The Last Challenge: The Horn of Africa
Lecture by Dr Ciro A de Quadros (President and CEO, and Director of International Programs, Albert B Sabin Vaccine Institute, Washington, DC, USA), Wellcome Collection, 183 Euston Road, London NW1 2BE
www.ucl.ac.uk/histmed/events/smallpox.html
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Epidemiology and the Science of Detection, 1890–1960
Lecture by Professor Anne Hardy (Wellcome Trust Centre for the History of Medicine at UCL), Roberts Building, Torrington Place, London
Contact: Carol Bowen (E.c.bowen@ucl.ac.uk)
www.ucl.ac.uk/histmed/events/
- 9

Pain and Laughter: A preliminary history of sentience in southern Africa
Seminar by Julie Livingston (Rutgers University), Goldsmiths University of London
Contact: Rebekah Lee (E.r.lee@gold.ac.uk)
www.goldsmiths.ac.uk/departments/history/news-events/cultural-history-medicine.php
- 23

The Asiatic Enlightenments of British Astronomy
Roy Porter Lecture by Professor Simon Schaffer (University of Cambridge), Cruciform Building, Gower Street, London
Contact: Carol Bowen (E.c.bowen@ucl.ac.uk)
www.ucl.ac.uk/histmed/events/
- 30

The Global Eradication of Smallpox: Historical perspectives and future prospects
Lecture by Professor Donald A Henderson (Professor of Medicine and Public Health, University of Pittsburgh; and Resident Scholar, Center for Biosecurity, University of Pittsburgh Medical Center, USA), Wellcome Collection, 183 Euston Road, London NW1 2BE
www.ucl.ac.uk/histmed/events/smallpox.html

JUNE 2007

- 28–1/7

British Society for the History of Science Annual Conference
University of Manchester
Contact: Executive Secretary (E.bshs@bshs.org.uk)
www.bshs.org.uk/bshs/conferences/annual_conference/2007_manchester/

JULY 2007

- 25–29

Biennial Meeting of the International Society for the History, Philosophy and Social Studies of Biology
University of Exeter
Contact: egenis@ex.ac.uk
www.centres.ex.ac.uk/egenis/events/ishpsb/

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HIV/AIDS, cost, value and responsibility

TONY BARNETT

Economists tend to see the impact of AIDS in terms of money values, but that isn't good enough.

In this research I am exploring how we can move away from the idea that costs can only be measured in dollars or pounds and to look at what the loss of a parent – or the inability to work because of AIDS-related illness – really means to an individual and to society as a whole. What it boils down to is: how do you measure the value of love? What is the value of a cuddle to an orphaned child? Over the past 20 years, since I published *AIDS in Africa: Its present and future impacts*, I have been involved with over 50 research projects in the field of the social and economic impact of HIV/AIDS. I am convinced that quantitative accounts of the effects of the HIV/AIDS epidemic using standard economic approaches based on cost do not capture its impacts on societies and economies and therefore misinform allocative decisions by policy makers.

My research focuses on trying to find ways of incorporating qualitative factors into impact assessment and policy making. An HIV/AIDS epidemic has very important social and economic implications for development because it is mainly sexually transmitted and because of the age-specific incidence of the disease. Unlike other epidemics it mainly affects young and mature adults more than other members of society. It therefore affects the structure of populations, increasing the ratio of dependants to productive citizens, and unbalances the supply and quality of labour. For example, a young man of 15 in Botswana today is close to 100 per cent likely to contract HIV infection in his lifetime. One should think what that means for economic, cultural and political futures: in other words, for that elusive thing called 'development'. It seems likely that effective rollout of antiretroviral treatments will only provide a window of opportunity lasting between five and ten years before viral resistance kicks in. How soon and whether depends on the effectiveness and sustainability of treatment programmes. We need to have the surveillance and response systems in place soon to deal with that challenge.

The HIV epidemic is one example of our inability to engage with large-scale events. Over the last 20 years, funding limitations have caused development policy to be increasingly concerned with the minutiae of the immediate present. One result is that very big issues challenging progress towards, for example, the Millennium Development Goals have often received

scant attention. Nowhere is this more apparent than with regard to HIV/AIDS and the associated issues it raises. HIV/AIDS is far more than a public health issue: there are few problems in development policy that do not have an AIDS angle, whether we think of livelihood analysis, gender studies, macroeconomic and trade policy, intellectual property rights issues, cultural analysis of change, policy development or myriad other areas. One reason why the medium- and long-terms effects of HIV/AIDS are not well understood is that the current prevalence of HIV positivity (seroprevalence) is an indication of the future, some eight to 20 years ahead. This means that the social and economic costs and other impacts of the high levels of current prevalence (now in the 25–40 per cent range in central and southern Africa, above 1 per cent in Russia, Ukraine and Estonia, and approaching 10 per cent in some Indian states) will not be seen for some years to come. But the epidemic has already had devastating effects in many areas of sub-Saharan Africa. Medical services are at breaking point and there is large-scale orphaning and destitution. Food security is under threat because of the loss of agricultural workers and industrial production is also at risk, particularly in Botswana, where seroprevalence has exceeded 35 per cent in some companies. However, in a relatively rich country where antiretroviral therapy can be provided free or very nearly free, this challenge is being met. This is not the case in many other countries.

But this research is showing how the greatest costs are those borne by families, communities and whole nations as the relations and links of trust that make markets and politics possible break down. Losses in the informal and 'trust' economies are probably of even greater import than losses to production and productivity in the formal economy. What is the effect on national life of loss of local politicians who die prematurely, resulting in more frequent elections with consequent choice of less and less experienced incumbents?

The project will make particular reference to Russia and Africa, which are at very different stages of the epidemic. Although supported by some fieldwork, in the main this work draws on existing data from a range of academic disciplines, and questions accepted concepts such as 'cost', 'responsibility' and 'impact'. It is essentially a theoretical project, but some fieldwork has been done in South Africa, Uganda, the USA and Russia.

Tony Barnett is an ESRC Professorial Research Fellow at the London School of Economics and founder of LSEAIDS. He is co-author (with Alan Whiteside) of *AIDS in the 21st Century: Disease and globalisation*, London and New York: Palgrave Macmillan; 2006 (E a.s.barnett@lse.ac.uk).

Medicine and science in a new medical–surgical context: the Royal College of Surgery of Barcelona (1760–1843)

NÚRIA PÉREZ-PÉREZ

The development of modern surgery was driven by the increasing demand for well-trained medical personnel able to attend the soldiers in the several fronts opened in Europe. The Royal Colleges of Surgery are seen as the more important enlightened medical institutions created by the Spanish Borbonic monarchy.

The Royal College of Surgery of Barcelona was the second such college created in Spain, founded in 1760. Its Catalan location placed it near French and among Spanish military forces. It is relevant to take into account that from 1714, the Borbonic monarchy had closed all the universities in Catalonia – the University of Barcelona included – for political reasons, and built a new university in the more remote town of Cervera. The only institution in the principality where an academic degree related to health could be obtained was the Royal College of Surgery of Barcelona. Indeed, the students of medicine from the University of Cervera had to practise anatomy in the College.

The academic programme developed in the new colleges of surgery was different from the traditional formal education for surgeons. As the Barcelona College was erected next to the Hospital of Santa Creu (founded in 1401), there was a give-and-take between the two. On the one hand, the professors of the College had to work in the Hospital too; on the other hand, the Hospital supplied the patients and corpses to be studied. Moreover, the new physician–surgeons trained there not only were interested in therapeutics but also wanted to know as much as possible about the body's anatomy and physiology, being as they were in competition with its pathology.

As a result of this, at the end of the 18th century and the early 19th century, surgeons, physicians and pharmacists were gathered together in the so-called 'Facultad Reunida', which experienced several organisational problems during the following years. Eventually, in the middle of the 19th century, surgeons and physicians were rejoined in the University of Barcelona's Faculty of Medicine when this university had its rights and funding reinstated. But it is important to take into account the dual condition of the physician–surgeons trained in the College of Barcelona.

In this setting, a new form of transmission of knowledge – and indeed a new method of teaching – was proposed

in the regulations of the new colleges of surgeons in Spain (a similar process was underway in other enlightenment scientific institutions of this period, for instance societies and academies). These regulations established the 'Junta literaria': a dissertation would be read and then criticised in a public session with both the students and the board of professors of the college. Then, the following week, another professor was charged by the vice-president of the college with elaborating a critical assessment, reading in public session again, plus a critical writing about the dissertation. At the end of the session, each professor on the board would give a short written assessment or comment. It is important to stress that these manuscripts are available in the archives and constitute the most important primary source of my research, which examines the role and the reception of the new sciences applied to healing arts.



This documentation makes it clear that chemistry came to be especially prominent in the dissertations expounded at the Royal College of Surgery of Barcelona. By the beginning of the 19th century chemistry had already achieved its own language: a new nomenclature and several gases had been characterised, the theory of combustion had been enounced and laboratory experimentation constituted a common scientific practice. Chemistry should be considered as a professional, liberal, useful activity, with a continuum from research papers, reviews and textbooks to its proper diffusion. In this sense, my work aims to show how chemistry was included in the academic programmes of the Spanish Royal Colleges of Surgery, and how chemistry in this medical–surgical context could have been a crucial tool to understand the unexplained processes that happened in the human body, in sickness and in health.

The development of the study of airs crossed the boundaries between chemistry, physics and medicine. For example, the therapeutic use of aerostatic balloons

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Anatomical
amphitheatre of
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century. Now the
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